

## **Insurance Department Purchasing Group Disclosure Statement**

Name of Purchasing Group \_\_\_\_\_

State of Domicile \_\_\_\_\_ Date Group Organized \_\_\_\_\_

Purchasing Group State Identification Number \_\_\_\_\_

Principal Place of Business of the Group \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Name of company\* insurance to be purchased from:

Name \_\_\_\_\_

NAIC Number: \_\_\_\_\_ State of Domicile \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Lines of liability coverage to be purchased:

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I (We), the principal officers of this Purchasing Group, certify that the members of this Purchasing Group have like or similar risk exposures as defined by the Risk Retention Act of 1986.

\_\_\_\_\_  
(Name, please print) (Title)

\_\_\_\_\_  
(Signature)

Date \_\_\_\_\_

\*(attach additional sheets if more than one company will be used.)